

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

99

STATE OF MISSOURI
63-032039

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Bethany

Length of stay in lb

17 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Reid Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Harrison

admission)

c. CITY
OR
TOWN

Bethany

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

Ryan

Last

Mlika

4. DATE
OF
DEATH

Month

Day

Year

August

9

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-8-63

9. AGE (last birthday)

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

17

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

None

Infant

child

none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Bethany, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Russell Mlika

13b. MOTHER'S MAIDEN NAME

Sharon Preston

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Russell Mlika, Brimson, Missouri.

18. CAUSE OF DEATH (Enter only one cause of death)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Premature Male Infant

INTERVAL BETWEEN
ONSET AND DEATH
24 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-8-63 to 8-9-63 and last saw him alive on 8-9-63
Death occurred at 3:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. O.

22b. ADDRESS

Bethany, Missouri.

22c. DATE SIGNED

8-10-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-10-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah, Missouri.

23d. LOCATION (City, town, or county)

RFD Ridgeway, Missouri.

(State)

24. FUNERAL DIRECTOR

E. J. Stoklasa

ADDRESS

Cainsville, Mo.

25. DATE RECD. BY LOCAL REG.

8-12-1963

26. REGISTRAR'S SIGNATURE

Jella Mayes

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10411

3411

3

4 0

5 0

6

7 0

8 0

9776x

10

11

12 22

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Eddie J. Stoklasa Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.